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TIPS FOR IMPLEMENTING THE PROJECT ACCEPT INTERVENTION TO WORK WITH ADOLESCENTS AND YOUNG ADULTS WITH HIV

Stock photo. Posed by models.

Adolescents and young adults (AYA) with HIV make up approximately 20 percent of new HIV cases. AYA with HIV experience unique stressors and experiences as they adjust to an HIV diagnosis during a critical time for physical, emotional, mental, and cognitive growth. During this time, there is an increased understanding and importance of one's identity, sexuality, friendships, and romantic attraction, all of which intersect with adjusting to living with HIV.

Relevant Statistics

The following statistics pertain to people with HIV in the United States:

- In 2019 7,648 AYA were diagnosed with HIV.[1]
- AYA mostly acquire HIV through sexual activity.[1]
- AYA with HIV are predominantly Black and Latinx men who have sex with men. Cisgender and transgender AYA women of color are also disproportionately impacted.[1]
- AYA with HIV often deal with multiple disclosures, including HIV status, gender identity and expression, and sexual orientation.[2]

Providing AYA-Friendly Services

Ensuring high-quality care for AYA and LGBTQ+ youth is an essential component towards providing more patient-centered care and ensuring that services are tailored to best meet the needs of AYA with HIV. To make sure youth receive quality and AYA-friendly services and support the successful implementation of Project ACCEPT, it is essential that organizations ask themselves whether they have implemented the World Health Organization's systems- level principles that promote AYA-friendly services:[3]

- **Availability:** *"Does your organization have health care and mental health providers who provide care that is sensitive to the needs of AYA, more specifically, LGBTQ+ AYA? Does your organization employ AYA peers with HIV?"*
- **Accessibility:** *"Does your organization offer services that are easily obtained, with expanded hours during weekends or evenings, child-care services, transportation, and meals to promote engagement?"*
- **Acceptability:** *"Does your organization prioritize confidentiality and inclusive services for AYA and for LGBTQ+ AYA?"*
- **Equity:** *"Does your organization ensure high-quality care for all youth regardless of race, ethnicity, sexual orientation, gender identity and expression, citizenship status, insurance status, or primary language, among other factors?"*

Centering Health Equity in HIV Service Delivery

Centering health equity in HIV service delivery for AYA is much needed, given that they face multiple forms of stigma and discrimination. Below are youth-affirming strategies to implement Project ACCEPT using an equitable lens:

- Assess and address HIV stigma in the clinical setting. Recognize that HIV stigma persists regardless of medical advances.
- Minimize traumatic clinical experiences by not continually asking patients about their history. Ensure that service providers speak with each other instead of repeatedly asking patients about their HIV diagnosis or other private information. Train providers on how to spot and stop microaggressions that keep young people out of care.

- People with HIV and couples impacted by HIV have often been stigmatized for their desire to have children.[4] Provide reproductive health services and support for AYA with HIV to access reproductive autonomy.
- Ensure a safe and inclusive environment and the availability of gender-affirming services for transgender and non-binary youth (e.g., assistance with name changes, updating gender markers on identity documents, insurance navigation, hormone replacement therapy, etc.).

Sustaining Efforts

Project ACCEPT is adaptable to many settings. Some of the key aspects that are needed to ensure it is implemented sustainably include the following:

- Project ACCEPT is facilitated by a trained mental health provider and a peer facilitator. Many clinics already have these staff on-site as part of their HIV service delivery continuum. It is recommended that staff job descriptions are adjusted to ensure there is built-in support for this program.
- Project ACCEPT was intended to be delivered in person. Ensure there is confidentiality when allotting space for sessions. There may be flexibility in delivering sessions virtually, but this will require special considerations to ensure confidentiality and minimize virtual meeting fatigue.
- Establish community partnerships to identify other trained mental health providers or peer facilitators that can be trained to offer support with intervention delivery.

Tailoring Facilitation Content Project

ACCEPT encourages program facilitators to:

- Update statistics and other reproductive or sexual health information.
- Customize role-play scenarios to reflect the environment in which AYA participants exist. For example, if a young person lives in a rural area, role-plays may include identifying methods to access sexual and reproductive health services when public transportation is limited.
- Make activities more interactive, appealing to different learning styles.
- Tailor materials to ensure the words, images, and scenarios are inclusive of all participants to increase engagement and effectiveness.

Conclusion

Project ACCEPT is a unique intervention that supports adolescents and young adults with HIV to become more engaged in their healthcare and build support among each other. Special considerations are needed to ensure that this intervention remains available, acceptable, accessible, inclusive, and equitable for youth.

Providing Intersectional Services to AYA

AYA are at a critical period within their development and may need support to help them overcome the compounding challenges from ageism, racism, homophobia, and other structural barriers. Consider the following strategies to create supportive environments for AYA:

- Does the organization have the following in place?
  - All staff adopt the use of pronouns, preferred names
  - Mental health services available to support with new HIV diagnoses
  - Reproductive and sexual health services, including fertility support and safer sex services
  - Substance use services, including alcohol and other drugs
  - Wrap-around services, including case management to support other urgent needs (e.g., housing, employment, gender-affirming therapy, child-care support, etc.)

- Are AYA reflective of participants available to deliver the intervention?
  - For example, do you have enough young women (minimum 3–4) to deliver the intervention?
  - Is there someone that can relate to participants that will be a peer facilitator for this group?
  - Are family support services available to assist youth who wish to disclosure their sexual orientation and gender identity to their families?

Additional Resources

The Challenge Initiative: Adolescent & Youth Friendly Services Toolkit for Delivering Services for Youth
https://tciurbanhealth.org/courses/ adolescent-youth-sexual-reproductive- health-services-supply/lessons/ adolescent-and-youth-friendly- services-3/

Population Services International: Facilitator's Guide for Training Health Providers In Youth-Friendly Health Services
https://www.psi.org/publication/ facilitators- guide-training-health- providers-in-youth- friendly-health- services/

University of Michigan Medical School: Starter Guide for LGBTQ+ Youth- Friendly Spaces
https://umhs-adolescenthealth.org/ wp- content/uploads/2018/12/lgbtq-youth- friendly-services-starter-guide.pdf

Human Rights Campaign: Supporting and Caring for Transgender Children
https://www.hrc.org/resources/supporting- caring-for-transgender-children

Center for Innovation and Engagement (CIE): Project ACCEPT Intervention Page
https://ciehealth.org/intervention/ project- accept/

Center for Innovation and Engagement (CIE): Project ACCEPT Technical Assistance
https://ciehealth.org/contact/

References

[1] Centers for Disease Control and Prevention. (2021). Diagnosis of HIV infection in the United States and independent areas 2019: special focus profiles. Retrieved on February 15, 2022, from **https://www.cdc.gov/hiv/library/reports/hiv- surveillance/vol-32/content/special-focus-profiles.html#Adolescents**

[2] Hosek, S., Brothers, J., Lemos, D. & the Adolescent Medicine Trials Network for HIV/AIDS Interventions. (2008). An Ecological Model of Stressors Experienced by Youth Newly Diagnosed With HIV, *Journal of HIV/AIDS Prevention in Children & Youth,* 9:2, 192–218. Retrieved on September 9, 2021, from **https://www. tandfonline.com/doi/full/10.1080/15538340902824118**

[3] World Health Organization & UNAIDS. (2015). Global standards for quality health- care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Retrieved on September 9, 2021 from **https://apps.who.int/iris/handle/10665/183935**

[4] Hosek, S., Brothers, J., Lemos, D. & the Adolescent Medicine Trials Network for HIV/ AIDS Interventions. (2021, May). *AIDS Patient Care and STDs,* 26:5, 291–297. Retrieved on September 9, 2021, from **http://doi.org/10.1089/apc.2011.0035**

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